

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/762249</div>		FILING DATE <div style="font-size: 1.2em; font-weight: bold;">05 FEB 2001</div>		
						APPLICANT(S) <div style="font-size: 1.2em; font-weight: bold;">Amson</div>				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
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TOTAL CLAIMS			25							